

SECTION E – QUALIFICATIONS AND EXPERIENCE

E.1 Provide a listing of, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low income individuals within the last five (5) years (including your parent organization, affiliates, and subsidiaries); or If your organization has not had any publicly-funded managed care contracts for Medicaid/CHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years. The listing of contracts should be provided in a table format. For each contract identified, provide each of the following items as a column in the table: the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any.

Please see the following pages for the publicly-funded managed care contracts for Medicaid/CHIP and/or other low income individuals within the last five years, including Louisiana Healthcare Connection's parent, affiliates and subsidiaries.



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Louisiana Healthcare Connections, Inc. (Louisiana)	Full risk managed care services statewide to Medicaid, CHIP, CHIP Affordable, SSI (non-duals) and Foster Care Members.	February 1, 2012 to January 31, 2015	Ruth Kennedy (225) 241-1437	Medicaid, CHIP, ABD (non-duals), SSI, Foster Care O2 2014 148,000 2013 152,300 2012 165,600 2011-2009 N/A	Q2 2014 \$212.2M 2013 \$462.4M 2012 \$275.6M 2011-2009 N/A	Capitated	Vision, 24/7 Nurse Advice line, disease management, outpatient therapy utilization management, non- emergency transportation and pharmacy
Bridgeway Health Solutions (Arizona)	Acute Care: Full-risk managed care for Acute Care services for Medicaid, CHIP and ABD (dual and non-dual) Members).	Acute Care: Contract began in October 2008 and expired in September 2013. Bridgeway was unsuccessful in their bid to reprocure this Contract.	Michael Viet (602) 417-4763	Acute Care O2 2014 N/A 2013 0 2012 16,107 2011 17,004 2010	Q2 2014 N/A 2013 \$44.6M 2012 \$60.2M 2011 \$68.7M 2010	Capitated	Vision benefits, limited vision, dental, non- emergent transportation, 24/7 Nurse Advice line, and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
				17,004 2009 17,339	\$74.3M 2009 \$75.4M		
Bridgeway Health Solutions (Arizona)	ALTCS: Full-risk long term managed care services for SSI/ABD (elderly and physically disabled) Members, both Medicaid only and dual eligible, meeting certain income and level of care requirements.	ALTCS (Arizona Long Term Care System): October 2006 to September 2011. ALTCS contract renewed effective October 2011 to 2014 with two year extension option through 2016.	Michael Viet (602) 417-4763	Q2 2014 5,663 2013 5,824 2012 6,064 2011 4,871 2010 4,871 2009 2,604	Q2 2014 \$103.4M 2013 \$205.6M 2012 \$195.9M 2011 \$131.7M 2010 \$106.8M 2009 \$92.9M	Capitated	Vision benefits, behavioral health, limited vision, dental, non- emergent transportation, 24/7 Nurse Advice line, and pharmacy
Advantage by Bridgeway Health Solutions HMO SNP (Arizona)	Full-risk managed care for Medicare Advantage D-SNP Members. Services provided include Medicare Part A, Part B, Part D (hospital, medical, pharmacy).	January 1, 2008 – December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Medicare D-SNP Q2 2014 1,385 2013 1,241	Q2 2014 \$15.9M 2013 \$32.1M	Capitated	Non-emergency transportation and pharmacy



2012 1,344 2012 \$33.3M	Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Cenpatico Rehavioral Health, AZ (Arizona) Functions as a Rehavioral Health, including inpatient, outpatient, step-down, and community mental health center services; as appropriate, service may be provided in the home, community or clinic. September 2015. Suppose the community or clinic. Suppose the community or clinic. Suppose the community or clinic. Suppose the contract expires in September 2015. Suppose the community or clinic. Suppose the community or clinic. Suppose the community or clinic. Suppose the community or clinic Suppose the community Suppose the community or clinic Suppose the community or clinic Suppose the community or clinic Suppose the community S	Behavioral Health, AZ	Regional Behavioral Health Authority providing a full continuum of behavioral health, including inpatient, outpatient, step- down, and community mental health center services; as appropriate, service may be provided in the home,	June 2010 (GSAs 2 and 4); Contract reawarded with expansion area (GSA 3) in July 2010. The contract expires in September	Hannen	1,344 2011 1,792 2010 1,773 2009 716 Medicaid, SCHIP, SSI/ABD, SMI and low-income uninsured 02 2014 1,022,049 2013 1,913,040 2012 1,937,967 2011 2,078,719 2010 1,494,987 2009	2011 \$42.9M 2010 \$37.3 2009 \$10.7M Q2 2014 \$86.6M 2013 \$150.3M 2012 \$154.2M 2011 \$159.2M 2010 \$124M 2009	Capitated	24/7 Nurse Advice line



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Arkansas Health & Wellness Solutions (Arkansas)	Qualified Health Plan issuer in the Arkansas Health Insurance Marketplace; AHWS offers a full line of products, including essential benefits and buy-up plans with dental and vision coverage, branded as Ambetter of Arkansas.	January 1, 2014 – December 31, 2014; renew annually upon consent of both parties	Andy Allison (501) 682-8740	Medicaid Expansion Members, age 19- 64 and income less than 138% FPL Q2 2014 30,766 2013-2009 N/A	Q2 2014 \$50.1M 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Arkansas Health Insurance Marketplace (Arkansas)	Health Care service plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace O2 2014 362 2013-2009 N/A	O2 2014 \$637k 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
NovaSys Health, Inc. (Arkansas)	ARHealthNetworks was a healthcare benefits program designed specifically for small businesses and self-employed individuals who did not have medical coverage. NovaSys provided TPA services, which	July 1, 2007 – December 31, 2013. NovaSys Health is currently providing run- out administrative services through June 30, 2015. This program	Dan Adams (501) 320-6499	Employee or self- employee (spouse optional) between 19-64, meeting certain eligibility requirements including income and household size.	Q2 2014	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	included account, claim, and medical administration, as well as access to its existing provider network. NovaSys currently provides run-out services for the program.	ended in 2013 due to the 2014 implementation of the ACA.	W. 'd. D. d.	0 2013 17,500 2012 19,566 2011 17,493 2010 14,062 2009 9,597	\$777k 2013 \$3.2M 2012 \$2.8M 2011 \$2.3M 2010 \$1.7M 2009 \$1M		Di
California Health & Wellness Plan (California)	Full-risk managed care services for Medicaid and CHIP, Seniors and Persons with Disabilities Members are currently voluntary, become mandatory 12/1/14.	November 1, 2013 – June 30, 2018; DHCS has exclusive option to extend the contract one year and may invoke up to three extensions.	Keith Parsley (916) 449-5086	Medicaid, CHIP, SPD (Seniors and Persons with Disabilities) Q2 2014 130,610 2013 92,855 2012-2009 N/A	Q2 2014 \$156.9M 2013 \$27.3M 2012-2009 N/A	Capitated	Pharmacy, non- emergent transportation, 24/7 Nurse Advice line, and vision
Sunshine Health, Inc. (Florida)	Full-risk managed care services for children ages 5 – 19	October 2012 to September 2014; may be extended up to two additional one-	Paula E. Kiger (850) 701-6102	CHIP <u>Q2 2014</u> 1,301	Q2 2014 \$661.4K	Capitated	Behavioral Health, pharmacy, 24/7 Nurse Advice line, and vision



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Sunshine Health,	Full risk managed	year periods. Medicaid,	Katie Oskowis	2013 1,067 2012 744 2011-2009 N/A Medicaid,	2013 \$1.0M 2012 \$186.8K 2011-2009 N/A	Conitated	Dental, Behavioral
Inc. (Florida)	care services for Medicaid, ABD/SSI (Dual and Non Dual), and Child Welfare Members in 9 of 11 regions of the state.	Medicaid, SSI/ABD, Child Welfare: September 1, 2009 – August 31, 2012; September 1, 2012 – August 31, 2015.	(850) 412-4066	Medicald, SSI/ABD, Child Welfare Q2 2014 291,449 2013 204,734 2012 210,465 2010 196,516 2010 192,929 2009 102,667	O2 2014 \$335.1M 2013 \$565M 2012 \$520.6M 2011 \$455.4M 2010 \$279.9M 2009 \$106.8M	Capitated	Health, pharmacy, vision, 24/7 Nurse Advice line, and non-emergent transportation
Sunshine Health, Inc. (Florida)	Managed Long Term Care Services to both dual and non-	Long Term Care: August 1, 2013 through August	Katie Oskowis (850) 412-4066	LTC Q2 2014	Q2 2014	Capitated	Non-emergency transportation, Behavioral Health,



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	dual eligible ABD members 18 years and over who meet nursing facility level of care. Services provided include home and community based services and nursing home and assisted living services	31, 2018		30,524 2013 14,030 2012-2009 N/A	\$556.8M 2013 \$164.8M 2012-2009 N/A		pharmacy, 24/7 Nurse Advice line, and vision
Sunshine Health, Inc. (Florida)	Home and community services for Members who are 65 years of age or older, who were enrolled in Medicare Parts A & B and met clinical and Medicaid eligibility requirements	Nursing Home Diversion Pilot (Tango): September 2011 to August 2012; contract amendment to extend contract period through August 2013. The Nursing Home Diversion pilot was eliminated and Members were transitioned to full risk managed care as part of the Long Term Care Contract. Please see the	Lauren Lowry (850) 414-2088	Nursing Home Diversion Q2 2014 0 2013 1,423 2012 2,292 2011 1,722 2010 1,971 2009 N/A	Q2 2014 \$1.8M 2013 \$40.3M 2012 \$38.3M 2011 \$32.6M 2010 \$3.1M 2009 N/A	Capitated	24/7 Nurse Advice line, Behavioral Health, vision, dental, and non- emergent transportation



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Advantage	Adventors has	table above for the Long Term Care Contract.	Halla Dakinaan	Medicare D-SNP		Canitata	Daharianal Hashi
Advantage by Sunshine Health HMO SNP (Florida)	Advantage by Sunshine Health (HMO SNP) provides services to dual eligible Members	January 1, 2013 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Q2 2014 287 2013 72 2012-2009 N/A	Q2 2014 \$983.1k 2013 \$141.1k 2012-2009 N/A	Capitated	Behavioral Health, dental, vision, non- emergency transportation, 24/7 Nurse Advice line, and pharmacy
Florida- Health Insurance Marketplace (Florida)	comprehensive health care services in accordance with the Affordable Care Act to covered individuals	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace O2 2014 398 2013-2009 N/A	O2 2014 \$642.4k 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Peach State Health Plan, Inc. (Georgia)	Full-risk managed care services for Medicaid and SCHIP Members	Medicaid: July 1, 2005 to June 30, 2016 SCHIP: Jan. 1, 2011 to December 2014, renewed annually	Jerry Dubberly (404) 657-7793	Medicaid and CHIP Q2 2014 367,726 2013 318,672 2012 313,615	Q2 2014 \$501.1M 2013 \$807M 2012 \$773.7M	Capitated	Behavioral Health, dental, vision, 24/7 Nurse Advice line, pharmacy, and non- emergency transportation



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Advantage by Peach State Health Plan HMO SNP (Georgia)	Full-risk managed care for Dual Eligible Members. Services provided include Medicare Part A, Part B, Part D (hospital, medical, pharmacy)	January 1, 2011 – December 31, 2014 to renew annually	Holly Robinson (206) 615-3673	2011 298,174 2010 305,795 2009 309,702 Medicare D-SNP Q2 2014 7 2013 13	2011 \$786.7M 2010 \$758.7M 2009 \$763.4M Q2 2014 \$23k 2013 \$395k 2012 \$487k	Capitated	Non-emergency transportation and pharmacy
Health Insurance	Health Care service	January 1, 2014	Holly Robinson	2011 24 2010 -2009 N/A Health Insurance	2011 \$138k 2010-2009 N/A	Capitated	Wellness and
Marketplace (Georgia)	plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered	to December 31, 2014, renewed annually	(206) 615-3673	Marketplace Q2 2014 5,211 2013-2009 N/A	Q2 2014 \$6.2M 2013-2009 N/A	_	disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	individuals.						
IlliniCare Health (Illinois)	Full-risk managed care services for SSI/ABD Members. Service Package II which began Feb. 2013 is the administration of Long Term Care and Home and Community Based Services. Service Package III is Home and Community Based Services for people with developmental disabilities to be implemented in the future.	May 1, 2011 through April 30, 2016; The Department reserves the right to renew the contract for an additional five years beyond the initial duration.	James Parker (217) 836-1543	ABD/SSI, LTC Q2 2014 26,331 2013 22,275 2012 16,649 2011 16,318 2010-2009 N/A	Q2 2014 \$198.4M 2013 \$331.1M 2012 \$228.8M 2011 \$82.2M 2010-2009 N/A	Capitated	Behavioral Health, dental, vision, 24/7 Nurse Advice line, pharmacy and non- emergency transportation
IlliniCare Health (Illinois)	Dual Demonstration Project services include a full array of benefits and supportive services including inpatient, outpatient, hospice, durable medical equipment, skilled nursing facilities, home health, long- term institutional,	February 1, 2014 through December 31, 2015. The Contract shall be renewed in one- year terms through December 31, 2017; go-live began March 1, 2014.	Chad Johnson (217) 836-1543 James Parker (312) 353-1269	Dual Eligible <u>Q2 2014</u> 399 <u>2013-2009</u> N/A	O2 2014 \$1.0M 2013-2009 N/A	Capitated	Behavioral Health, dental, vision, 24/7 Nurse Advice line, pharmacy and non- emergency transportation



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	and community- based LTSS.						
Managed Health Services (Indiana)	Full-risk managed care services for Medicaid and SCHIP Members and the HIP uninsured population	MHS began contracting with the State in 1995. Awarded new contract in 2010, effective January 1, 2011 to December 31, 2014, with the possibility of two 1-year renewals that include expansion of services to the HIP uninsured program.	Debra F. Minott (317) 233-4690	Medicaid, SCHIP, Hybrid (Healthy Indiana Plan) Q2 2014 199,741 2013 195,453 2012 203,968 2011 206,942 2010 212,810 2009 205,414	Q2 2014 \$175M 2013 \$295M 2012 \$300M 2011 \$297M 2010 \$314M 2009 \$382M	Capitated	Behavioral Health, 24/7 Nurse Advice line and vision
Health Insurance Marketplace (Indiana)	Health Care service plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace O2 2014 709 2013-2009 N/A	O2 2014 \$1.2M 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Sunflower Health Plan (Kansas)	Full risk managed care services to	January 1 st , 2013 through	Kari Bruffett (785) 296-3981	Medicaid, CHIP, ABD/SSI, LTC,		Capitated	Behavioral Health, dental, vision, 24/7



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	Medicaid (including Foster Care), CHIP, ABD (Duals and Non-Duals), SSI and LTC Members.	December 31 st , 2015 with two one (1) year renewal periods exercisable at the option of the State.		Foster Care Q2 2014 146,000 2013 139,900 2012 -2009 N/A	O2 2014 \$486.3M 2013 \$906.6M 2012 -2009 N/A		Nurse Advice line, and non-emergency transportation
Cenpatico (Kansas)	Full-risk behavioral health services for SCHIP Members, including Children with Special Health Care Needs. Behavioral health services provided include inpatient, residential treatment, partial hospitalization, outpatient, and community-based services.	May 2003 - December 2012; Effective January 1, 2013, Cenpatico's contract in Kansas was discontinued and Members began receiving benefits under the statewide KanCare program, in which Cenpatico participates with Sunflower Health.	Kari Bruffett (785) 296-3981	SCHIP, including CSHCN Q2 2014 N/A 2013 N/A 2012 579,703 2011 538,378 2010 470,015 2009 458,490	Q2 2014 N/A 2013 N/A 2012 \$3.3M 2011 \$3.6M 2010 \$3.9M 2009 \$4.6M	Capitated	None
Kentucky Spirit Health Plan, Inc. (Kentucky)	Full-risk managed care services for Medicaid, CHIP and	November 1, 2011 through June 30, 2014	Lawrence Kissner (502) 564-4321	Medicaid, CHIP and ABD/SSI		Capitated	Behavioral Health, pharmacy, non- emergency



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	SSI/ABD Members.	In October 2012, the Company notified the Kentucky Cabinet for Health and Family Services that it was exercising a contractual right that it believes allows the Company to terminate its Medicaid managed care contract with the Commonwealth of Kentucky effective July 5, 2013. As of July 6, 2013, our subsidiary, Kentucky Spirit Health Plan, ceased serving Medicaid members in Kentucky.		Q2 2014 N/A 2013 0 2012 137,294 2011 180,365 2010-2009 N/A	Q2 2014 N/A 2013 \$247.4 2012 \$555.5M 2011 \$128.7M 2010-2009 N/A		transportation, 24/7 Nurse Advice line, dental and vision
Superior HealthPlan, Inc. (Texas)	STAR: Full-risk managed care services for STAR (TANF) Members.	STAR, CHIP and CHIP Perinate (includes Bexar,	Kay Ghahremani (512) 424-6500	Medicaid, CHIP <u>O2 2014</u> 386,403	O2 2014 \$811.8M	Capitated	24/7 Nurse Advice line, vision, Behavioral Health, and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	CHIP and CHIP Perinate Program: Full-risk managed care for CHIP and CHIP Perinate Members, as well as, Children with Special Health Care Needs (CSHCN) Members.	El Paso, Lubbock, Nueces and Travis Service Areas); STAR+PLUS (includes Bexar, Lubbock and Nueces): September 2011 to August 2015. The operational start date was March 1, 2012. Note: This contract originally began in 1998 and has been reprocured over the years to include additional Service Areas and products.		2013 392,666 2012 408,527 2011 395,465 2010 320,742 2009 300,724	2013 1,661.2M 2012 \$1,558.6M 2011 \$1,093.4M 2010 \$891.4M 2009 \$835.8M		
	STAR+PLUS: Full-Risk managed care services for STAR+PLUS (ABD) Members both acute and long term care.	STAR+PLUS (Dallas Service Area only): January 1, 2011 to August 31, 2015. The Operational Start date was February 1,					



Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
STAR+PLUS MRSA: Full-Risk managed care services for STAR+PLUS (ABD) Members both acute care services and long term care;	2011. STAR+PLUS MRSA (includes Central and West Medicaid Rural Service Areas); September 2013 to August 31, 2017. Operations to begin September 2014.					
STAR: Full-risk managed care services for STAR Members in the Hidalgo Service Area. STAR+PLUS: Full-risk managed care services for Members in the Hidalgo Service Area. STAR Medicaid RSA Program: Full- risk managed care for STAR and SSI adult Members CHIP RSA and CHIP Perinate RSA	STAR and STAR+PLUS (Hidalgo Service Area) and STAR Medicaid RSA (includes Central, Northeast and West Rural Service Areas): September 2011 to August 2015. The operational start date was March 1, 2012. CHIP RSA and CHIP Perinate	Kay Ghahremani (512) 424-6500	CHIP, Medicaid Q2 2014 520,403 2013 523,709 2012 526,894 2011 104,163 2010 103,797	Q2 2014 \$1,148.7M 2013 \$2,285.3M 2012 \$1,692M 2011 \$387.7M 2010 \$428.5M 2009	Capitated	24/7 Nurse Advice line, vision services, Behavioral Health, and pharmacy
	Star-Plus Mrsa: Full-risk managed care services for Star-Plus (ABD) Members both acute care services and long term care; Star: Full-risk managed care services for Star Members in the Hidalgo Service Area. Star-Plus: Full-risk managed care services for Members in the Hidalgo Service Area. Star-Plus: Full-risk managed care services for Members in the Hidalgo Service Area. Star Medicaid Rsa Program: Full- risk managed care for Star and SSI adult Members CHIP RSA and	Scope of Work 2011. STAR+PLUS MRSA: Full-Risk managed care services for STAR+PLUS (ABD) Members both acute care services and long term care; STAR: Full-risk managed care services for STAR Members in the Hidalgo Service Area. STAR+PLUS: Full-risk managed care services for Members in the Hidalgo Service Area. STAR+PLUS: Full-risk managed care services for Members in the Hidalgo Service Area. STAR Medicaid RSA (includes Central, Northeast and West Rural STAR Medicaid RSA Program: Full-risk managed care for STAR and SSI adult Members CHIP RSA and CHIP Perinate RSA CHIP RSA and CHIP Perinate CHIP RSA and CHIP Perinate RSA CHIP Perinate CHIP RSA and CHIP Perin	Scope of Work Contract STAR+PLUS	Description Scope of Work Duration of Contract Contract Types and Number of Members Duration of Contract Contract Types and Number of Members Duration of Contract Contract Types and Number of Members Members MRSA: Full-Risk MRSA (includes Central and West Medicaid Rural Service Areas); September 2013 to August 31, Service Areas); September 2014. STAR: Full-risk managed care services for STAR Members in the Hidalgo Service Area. STAR+PLUS: Full-risk managed Care services for Members in the Hidalgo Service Area. Service Areas): September 2011 STAR Medicaid RSA Program: Full- risk managed care for STAR and SSI adult Members CHIP RSA and CHIP Perinate CHIP RSA and CHIP Perinate CONTact Contract And Number Types and Number of Members Types and Numbers Types and Number of Members Types and Nembers Types and Nembe	Description Scope of Work Duration of Contract	Description Scope of Work Duration of Contract 2011. STAR+PLUS MRSA: Full-Risk managed care services for STAR Holicals full age Service for STAR Holicals are services for Members in the Hidalgo Service Area. STAR+PLUS: Full-risk managed care services for Members in the Hidalgo Service Area. STAR+PLUS: Full-risk managed care services for STAR Holicals RSA (includes Central, Name Phone Number STAR: Full-risk managed care services for STAR Medicaid RSA (includes Central, Name Phone Number) STAR: Full-risk managed care services for STAR Medicaid RSA (includes Central, Name Phone Number) STAR: Full-risk managed care services for STAR Medicaid RSA (includes Central, Name Phone Number) STAR: Full-risk managed care services for Northeast and West Rural Hidalgo Service Area. Strak+PLUS: September 2014 STAR Holicaid RSA (includes Central, Name Phone Number of Members in the Hidalgo Service Area.) STAR: Full-risk managed care services for Northeast and West Rural Strak Holicaid RSA Program: Full-risk managed care for STAR and SSI adult Members CHIP RSA and CHIP RSA and CHIP Perinate CHIP RSA and CHIP Perinate CHIP RSA and CHIP Perinate Contract Number of Members Dana Annual Contract Payments Annual Contract Payments



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	managed care CHIP RSA and CHIP RSA Perinate (unborn fetus/child of low- income women), as well as, Children with Special Health Care Needs (CSHCN) Members.	2010 to August 2015. The Operational Start Date was September 1, 2010. Note: Superior Network began serving this program in September 2004.					
	STAR Health: Full- risk managed care state-wide program for Medicaid Foster Care children.	STAR Health: 2007 to August 2015; coverage began April 2008.					
Advantage by Superior HealthPlan HMO SNP (Texas)	Advantage by Superior HealthPlan HMO SNP is a Medicare Advantage- Prescription Drug (MA-PD) plan, which includes Medicare prescriptions benefits. The MA- PD plan provides Members the basic Medicare Benefits under Part C (hospital and	January 1, 2008 to Present; renewed yearly	Holly Robinson (206) 615-3673	Medicare D-SNP Q2 2014 2,608 2013 2,694 2012 1,985 2011 1,345 2010 892	Q2 2014 \$20.1M 2013 \$42.3M 2012 \$26.2M 2011 \$18.8M 2010 \$8.8M	Capitated	Non-emergency transportation and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	medical services) in a manner consistent with professionally recognized standards of health care and according to the access standards defined in federal statute, as well as provision of posthospital extended care services through a skilled nursing home facility. Members in the Plan also receive covered Medicare Part D pharmacy benefits.			<u>2009</u> 169	2009 \$2.2M		
Health Insurance Marketplace (Texas)	Health Care service plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals.	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace Q2 2014 1,718 2013-2009 N/A	Q2 2014 \$1.8M 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
CeltiCare Health, Inc. (Massachusetts)	Commonwealth Care: A health insurance program for low-income, working adults (up to 300% of the	Commonwealth Care: July, 2009 thru March 31, 2014; This program ended and members	Michael Norton (617) 933-3078	Commonwealth Care: Low- Income, Working Adults O2 2014	Q2 2014	Capitated	Behavioral Health, 24/7 Nurse Advice line, dental, vision and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	Federal Poverty Level) who were not eligible for Medicaid or employer- sponsored insurance. Services provided included medical, behavioral health, dental, vision, and pharmacy. This program is scheduled to end Q1 2015 and members will enroll in the Health Insurance Marketplace.	were rolled into the CarePlus Contract listed in the table below.		5,861 2013 11,670 2012 20,123 2011 21,979 2010 14,544 2009 1,656	\$10M 2013 \$54M 2012 \$115M 2011 \$65M 2010 \$25M 2009 \$2M		
CeltiCare Health, Inc. (Massachusetts)	Commonwealth Care Bridge: public/private partnership that provides comprehensive coverage to approximately 27,000 legal immigrants who were previously eligible for CommCare, but lost eligibility due to budgetary cutbacks effective September 1, 2009. Services	Commonwealth Care Bridge: October 1, 2009 to June 30, 2012. This contract ended February 29, 2012. Members were transitioned into the Commonwealth Care program.	Michael Norton (617) 933-3078	Commonwealth Care Bridge: Legal Immigrants (no longer eligible for CommCare) O2 2014 N/A 2013 N/A 2012 0 2011 13,411	O2 2014 N/A 2013 N/A 2012 \$5M 2011 \$41M	Capitated	Behavioral Health, 24/7 Nurse Advice line, dental, vision and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	provided include medical, behavioral health, and pharmacy. This program ended February 29, 2012.			2010 21,609 2009 26,127	2010 \$53M 2009 \$10M		
CeltiCare Health, Inc. (Massachusetts)	CeltiCare Health Plan serves the CarePlus population by, providing comprehensive health care services for Medicaid adults ages 21-64 who qualify under EOHHS's MassHealth CarePlus eligibility criteria.	January 1, 2014 through September 30, 2015. At the option of the state, the Contract may be extended in one- year increments for up to five additional years.	Kristin Thorn (617) 573-1600	Medicaid (CarePlus) Q2 2014 29,352 2013-2009 N/A	O2 2014 \$93M 2013-2009 N/A	Capitated	Behavioral Health, dental, 24/7 Nurse Advice line, vision and pharmacy
Health Insurance Marketplace (Massachusetts)	Health Care service plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals.	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace Q2 2014 94 2013-2009 N/A	Q2 2014 \$153k 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Magnolia Health, Inc. (Mississippi)	Full risk managed care providing services to Medicaid, ABD/SSI, Breast and Cervical Cancer,	January 1, 2011 through June 30, 2014; In February 2014, the State of	Sharon Jones (601) 359-6152	Medicaid, ABD/SSI and Foster Care Q2 2014	Q2 2014	Capitated	Behavioral Health, pharmacy, 24/7 Nurse Advice line, vision and dental



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	Pregnant Women and Infants, and Foster Care Members statewide.	Mississippi Department of Medicaid provided Notice of Intent to award a contract to Magnolia Health Inc. to continue serving Medicaid, ABD and Foster Care members effective July 1, 2014 for a three- year period, renewable for up to two additional		82,972 2013 78,165 2012 77,235 2011 31,764 2010-2009 N/A	\$237.6M 2013 \$407.3M 2012 \$199.8M 2011 \$190.9M 2010-2009 N/A		
Health Insurance	Health Care service	years. January 1, 2014	Holly Robinson	Health Insurance		Capitated	Wellness and
Marketplace (Mississippi)	plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals.	to December 31, 2014, renewed annually	(206) 615-3673	Marketplace Q2 2014 14,464 2013-2009 N/A	Q2 2014 \$26M 2013-2009 N/A		disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Home State Health Plan, Inc. (Missouri)	Full risk managed care providing services to Medicaid, CHIP and Foster Care Members across three regions.	Operations began on July 1, 2012 through June 30, 2015	Susan M. Eggen (573) 526-4274	Medicaid, CHIP and Foster Care Q2 2014 58,700	Q2 2014 \$89.9M	Capitated	Behavioral Health, 24/7 Nurse Advice line, vision, non- emergency transportation, and dental



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
New Hampshire Healthy Families, Inc. (New Hampshire)	Full risk managed care to Medicaid, CHIP, ABD (dual and non-dual), Foster Care, Developmentally Disabled and Long Term Care populations primarily through a two-step roll out (a third step listed is incumbent upon provisions and changes promulgated through the	December 1, 2013 to June 30, 2015; The contract was executed July 2012; however, operations commenced December 1, 2013. The initial term of the agreement is for 36 months; while the New Hampshire Department of	Kathleen A. Dunn (603) 271-9384	2013 59,200 2012 59,600 2011-2009 N/A Medicaid, CHIP, ABD (dual and non-dual) Foster Care, Developmentally Disabled, and LTC 02 2014 39,483 2013 34,017 2012-2009 N/A N/A	2013 \$185.2M 2012 \$77.8M 2011-2009 N/A Q2 2014 \$76M 2013 \$10M 2012-2009 N/A	Capitated	Behavioral Health, pharmacy, 24/7 Nurse Advice line, vision, and non- emergency transportation
	Affordable Care Act). Step 1: All populations (Foster Care and Dual non mandatory)/Acute Services Only including medical, behavioral health,	Health and Human Services has sole discretion to offer one Agreement extension for a period of 24 months, for a					



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
D. I.	pharmacy, vision and non-emergency transportation. Step 2: All populations (Foster Care and Dual mandatory)/LTSS and Waiver services Step 3: Step 1 and Step 2 services and populations / additional populations and services mandated by ACA.	total Agreement term of five years.	T	M. I I. CHID			
Buckeye Community Health Plan, Inc. (Ohio)	Medicaid and CHIP: Full-risk managed care for Medicaid and CHIP Members. ABD/SSI: Full-risk managed care services for ABD/SSI and CSHCN Members.	Medicaid and CHIP: January 2004 to June 2015; renewed for annual periods from July 1 to June 30 ABD/SSI: January 2007 to June 2015 renewed for annual periods from July 1 to June 30	Tracy Hayes (614) 466-4693	Medicaid, CHIP and ABD/SSI Q2 2014 214,800 2013 171,800 2012 156,900 2011 159,200 2010 159,600	Q2 2014 \$451.9M 2013 \$779.9M 2012 \$717.3M 2011 \$599.4M 2010 \$543.5M	Capitated	Behavioral Health, pharmacy, 24/7 Nurse Advice line, dental, vision, and limited non- emergency transportation



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
				2009 150,600	2009 \$556.8M		
Buckeye Community Health Plan, Inc. (Ohio)	Ohio State Plan services including Habilitation and targeted case management for individuals with Developmental Disabilities Home and Community Based Waiver Services when individuals are enrolled in the Waiver Medicare Parts A, B, and D services Pharmacy Products covered by Ohio - Medicaid, if not covered under Medicare Part D	February 11, 2014 – December 31, 2015, with automatic 1 year renewals through December 31, 2017. Enrollment began May 2014	Tracy Hayes (614) 466-4693	Duals O2 2014 8,900 2013-2009 N/A	O2 2014 \$21.6M 2013-2009 N/A	Capitated	Disease Management, behavioral health, pharmacy , 24/7 nurse advice line, Vision, dental TPA, transportation
Advantage by Buckeye Community Health Plan HMO SNP (Ohio)	Advantage by Buckeye Community Health Plan HMO SNP provides full- risk managed care for Medicare Advantage D-SNP Members. Services	January 1, 2008 – December 31, 2014 to renew annually	Holly Robinson (206) 615-3673	Medicare D-SNP Q2 2014 1,400 2013 1,400	Q2 2014 \$10M 2013 \$15.1M	Capitated	Non-emergency transportation and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	provided include Medicare Part A, Part B, Part D (hospital, medical, and pharmacy).			2012 900 2011 700 2010 400 2009 200	2012 \$10.9M 2011 \$7.4M 2010 \$3.3M 2009 \$1.9M		
Health Insurance Marketplace (Ohio)	Health Care service plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals.	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace Q2 2014 39,200 2013-2009 N/A	Q2 2014 \$1M 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Absolute Total Care, Inc. (South Carolina)	Full-risk managed care for Medicaid, CHIP and ABD/SSI members.	Medicaid, CHIP, ABD/SSI Contract began December 2007; current contract began July 1, 2014 and extends to June 30, 2016; renewable through the State's recertification process.	Anthony "Tony" Keck (803) 898-2580	Medicaid, CHIP and ABD/SSI O2 2014 101,800 2013 91,900 2012 90,100 2011	Q2 2014 \$187.8M 2013 \$331M 2012 \$321.6M 2011	Capitated	Behavioral Health, 24/7 Nurse Advice line, pharmacy and limited vision services



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Coordinated Care Corporation, Inc. (Washington)	Full risk managed care services to Medicaid, CHIP, ABD (non-duals), and Foster Care Members.	Operations began on July 1, 2012 and extend through December 31, 2014, with two, one-year renewal periods exercisable at the option of the State.	Preston Cody (360) 725-1786	82,900 2010 90,300 2009 48,600 Medicaid, CHIP, ABD (non-duals), SSI and Foster Care Q2 2014 172,358 2013 81,654 2012 55,507 2011-2009 N/A	\$302M 2010 \$270.6M 2009 \$139.5M Q2 2014 \$257.3M 2013 \$275M 2012 \$87.9M 2011-2009 N/A	Capitated	Pharmacy, vision, 24/7 Nurse Advice line, and limited Behavioral Health
Health Insurance Marketplace (Washington)	Health Care service plan that arranges for the delivery of comprehensive health care services in accordance with the Affordable Care Act to covered individuals.	January 1, 2014 to December 31, 2014, renewed annually	Holly Robinson (206) 615-3673	Health Insurance Marketplace O2 2014 21,241 2013-2009 N/A	O2 2014 \$30.2M 2013-2009 N/A	Capitated	Wellness and disease management, vision, pharmacy, behavioral health, 24/7 nurse advice line, dental
Managed Health Services Insurance	Full risk managed care services	Medicaid and SCHIP: Contract	Marlia Mattke (608) 266-8922	Medicaid, SCHIP and ABD/SSI		Capitated	Behavioral Health, 24/7 Nurse Advice



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
Corp. (Wisconsin)	including medical, behavioral health, vision and dental in selected counties. Non-emergency transportation was covered until September 2012 when it was carved out of the Contract.	held since January 1991 – December 2015, recertification occurs every two years. [Note: these populations have been combined since February 2008 into a single category – BadgerCare Plus, with varying benefit levels based on age, income and pregnancy status.] ABD/SSI: April 2005- December 2015, Recertification occurs every two years.		Q2 2014 66,240 2013 70,429 2012 71,591 2011 77,874 2010 74,922 2009 134,823	Q2 2014 \$96.5M 2013 \$190.9M 2012 \$194.3M 2011 \$200.9M 2010 \$299.6M 2009 \$378.7M		line, vision, and dental
Advantage by Managed Health Services HMO SNP (Wisconsin)	Advantage by Managed Health Services HMO SNP provides full-risk managed care for Dual Eligible Members. Services provided include	January 1, 2008 – December 31, 2014 to renew annually	Holly Robinson (206) 615-3673	Medicare D-SNP Q2 2014 1,060 2013 1,054	Q2 2014 \$5.8M 2013 \$12.6M	Capitated	Non-emergency transportation and pharmacy



Trade Name	Description Scope of Work	Duration of Contract	Contact Name and Phone Number	Population Types and Number of Members	Annual Contract Payments	Capitated Or Other	Role of Subcontractors
	Medicare Part A, Part B, Part D (hospital, medical, pharmacy).			2012 855 2011 101	2012 \$7.5M 2011 \$78k		
				2010	2010 \$19k		
				2010 1 2009 0	2010 \$19k 2009 \$7k		



E.2 Identify whether your organization currently has a Louisiana Medicaid/CHIP managed care contract.

Louisiana Healthcare Connections (LHCC) currently has a Louisiana Medicaid/CHIP managed care contract. LHCC has been in partnership with the State of Louisiana DHH since 2011, bringing with us a previously non-existent industry that continues to hire and train Louisiana residents in the field of case management.

E.3 For any of your organization's contracts listed in response to E.1, has the other contracting party notified the Proposer that it has found your organization to be non-compliant with the terms of your contract? If yes: (1) provide a description of the events concerning the noncompliance, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries in this response.

Please see the following pages for **Tables E.3 Contract Non-compliance** which list the official notices received by all Centene entities from their governing contractors related to adverse finding, corrective action requests, liquidated damages, and sanctions related to Medicaid and/or CHIP contracts within the last five years.



































E.4 Identify whether your organization has had any contract listed in response to E.1 terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client; and If the contract was terminated/non-renewed, based on your organization's performance, describe any action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries in this response.

Louisiana Healthcare Connections (LHCC), its parent company, nor its affiliated health plans have ever had a contract terminated or not renewed for poor performance or non-performance. In order to be fully transparent, we have provided information around all discontinued business in the past five years. As explained in the table below, NurseWise, an affiliated subsidiary, had a contract terminated with Boston University in May 2011 for a performance issue. Please see the table below, *Table E.4 Affiliate Specialty Subsidiary Contract Terminations and Non-renewals*, for an explanation of all contracts terminated or not renewed within the past five years.

Affiliate Health Plans

Bridgeway Health Solutions (Bridgeway). Bridgeway Health was unsuccessful in a competitive bid to reprocure a full-risk managed care contract for Acute Care services for TANF, CHIP and ABD (dual and non-dual) members. This contract expired September 30th, 2013. Contact: Mr. Michael Veit, AHCCCS Contracts and Purchasing Administrator, Phone (602) 417-4763, MJVeit@ahcccs.state.az.us

Yuma County had a re-procurement process and Bridgeway was not selected in the competitive bid to continue with the long term care contract. Contact: Mr. Michael Veit, AHCCCS Contracts and Purchasing Administrator, Phone (602) 417-4763, MJVeit@ahcccs.state.az.us

Kentucky Spirit Health Plan, Inc. (**KSHP**). In October 2012, KSHP notified the Kentucky Cabinet for Health and Family Services that KSHP would exercise a contractual right that it believes allows for termination of its Medicaid managed care contract with the Commonwealth of Kentucky effective July 5, 2013. Contact: Mr. Lawrence Kissner, Medicaid Commissioner, Cabinet for Health and Family Services, Department of Medicaid Services, Phone (502) 564-4321, <u>Lawrence.Kissner@Ky.gov</u>

Coordinated Care Corporation (Coordinated Care). On December 31, 2013, the State of Washington Health Care Authority contract with Coordinated Care to provide services to beneficiaries enrolled in the Basic Health Program expired. The Washington State legislature decided in 2013 Legislative Session not to continue the Basic Health Program after December 31, 2013, due to the implementation of the Washington State Health Benefits Exchange. Contact: Mr. Preston Cody, Division Director of Health Care Services, Washington Health Care Authority, Phone (360) 725-1786, preston.cody@hca.wa.gov

Access Health Solutions, LLC (Access). On January 1, 2009, under approval by Florida Agency for Healthcare Administration and Access, Access started the process of converting Medicaid members in the Tampa Bay and Miami Dade market areas to Sunshine State Health Plan's full-risk plan. Centene Corporation had a 49 percent interest in Access since July 2007. Contact: Melissa Vergeson, AHC Administrator, HMO Contracting & Policy Unit, Phone (850) 412-4063, Melissa.Vergeson@ahca.myflorida.com

Sunshine State Health Plan (SSHP). On August 31, 2010, and with subsequent follow up on October 8, 2010, Chris Paterson, President of Sunshine State Health Plan (SSHP) notified Roberta Bradford at the



Florida Agency for Health Care Administration, that SSHP would be terminating Reform Contracts in Baker and Nassau Counties. The termination was related to the financial situation of the business in those counties. December 31, 2010 was the last date SSHP administered benefits for members in those two counties. Contact: Melissa Vergeson, AHC Administrator, HMO Contracting & Policy Unit, Phone (850) 412-4063, Melissa.Vergeson@ahca.myflorida.com

CeltiCare Health Plan of Massachusetts, Inc. (CeltiCare). On February 29, 2012, the Commonwealth Organizations terminated the contract with CeltiCare to provide health services. The termination was pursuant to the program being discontinued due to the January 2012 decision of the Supreme Judicial Court in the case of Finch v. Commonwealth Health Insurance Connector Authority. Members were transferred to another benefit program administered by the Commonwealth Health Insurance Connector Authority. Contact: Michael Norton, Sr. Program Manager, Commonwealth Health Insurance Connector Authority, 100 City Hall Plaza, Boston, MA 02108 Phone (617) 933-3078, Michael.Norton@state.ma.us





















E.5 Provide evidence of current accreditation by national entity — either URAC or NCQA for at least one state product line listed in response to E.1. If you have national accreditation, have you ever had your accreditation status (e.g., NCQA) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries in this response.

Please see the following page for evidence of Louisiana Healthcare Connection (LHCC)'s accreditation by NCQA.

LHCC, its parent organization, Centene Corporation (Centene), its affiliates, nor its subsidiaries have ever had their URAC and/or NCQA accreditation status in any state for any product line adjusted down, suspended, or revoked.





National Committee for Quality Assurance

has awarded

Louisiana Healthcare Connections, Inc.

Medicaid HMO

an accreditation status of

ACCREDITED

for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.

CHAIR, BOARD OF DIRECTORS

OPRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

June 5, 2014

DATE GRANTED

June 5, 2017 EXPIRATION DATE



E.6 Provide as an attachment a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item E.1 of this section that had the largest number of enrollees as of January 1, 2014. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization as a result of this review.

Please see the *Attachment E.6 SHP TX EQRO Report* for the most recent external quality review report for our parent organization's largest Medicaid contract as listed in Section B.1, Superior HealthPlan in Texas, which is an affiliate of Louisiana Healthcare Connections.

There were no corrective action plans requested in response to these reports.

E.7 Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries in your response to this question.

Please see *Tables E.7 Regulatory Actions/Sanctions/Fines* on the following pages, which list the official notices received by all Centene entities from their governing contractors related to adverse finding, corrective action requests and sanctions related to Medicaid and/or CHIP contracts within the last five years.















PART III – ORGANIZATIONAL REQUIREMENTS SECTION E: QUALIFICATIONS AND EXPERIENCE



E.8 State whether or not your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item E.3 of this part. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses.

Neither Louisiana Healthcare Connections, nor our parent company Centene Corporation, are currently or have been the subject of a criminal or civil investigation by a state or federal agency within the past five years.



E.9 Submit three (3) client references for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency.

Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Appendix QQ. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your

Proposal, as described herein. You should complete the following steps:

- a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix QQ (for your organization or for subcontractors, adding the following customized information:
- · Your/Subcontractor's name;
- Reference organization's name; and
- Reference contact's name, title, telephone number, and email address.
- b. Send the form to each reference contact along with a new, sealable standard envelope;
- c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal;
- d. Instruct the reference contact to:
- Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission);
- Sign and date it;
- Seal it in the provided envelope;
- Sign the back of the envelope across the seal; and
- Return it directly to you.
- e. Enclose the unopened envelopes in easily identifiable and labeled larger envelopes and include these envelopes as a part of the Proposal. When DHH opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references.

Each completed questionnaire should include:

- Proposing Organization/Subcontractor's name;
- Reference Organization's name;
- Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work;
- Date reference form was completed; and
- Responses to numbered items in RFP Attachment # (as applicable).

DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information. THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.

Louisiana Healthcare Connections has submitted references from its parent company Centene Corporation's health plan subsidiaries clients. Please refer to *Attachment E.9 References* for an envelope containing the sealed reference questionnaires. The following State entities have submitted references.

- The State of Florida for Centene health plan subsidiary Sunshine State Health Plan, Inc. (Sunshine Health)
- The State of Georgia for Centene health plan subsidiary Peach State Health Plan, Inc. (Peach State Health Plan)
- The State of Mississippi for Centene health plan subsidiary Magnolia Health Plan Inc. (Magnolia Health)